

INSURANCE

RESPONDENT	NAME
	ADDRESS (including County)
RESPONDENT ATTORNEY FOR	NAME
	ADDRESS
	TELEPHONE (AREA CODE)

☐ The parties agree that this settlement does not contemplate a complete and absolute surrender and release of any and all rights by the petitioner's dependents as defined by N.J.S.A. 34:15-13 arising out of this/these claim petition(s).

☐ Order For Child Support ☐ Addendum Attached

ALLOWANCES				
MEDICAL FEES & COSTS	PD. by Atty	TOTAL AMOUNT ALLOWED	PAYABLE BY PETITIONER	PAYABLE BY RESPONDENT
INTERPRETER				
ATTORNEY FEES				
STENO FEES				

WC(DO)-370 (R-7-04)